INFORMATION REQUIRED OF CLASS II INJECTION WELL OPERATORS SEEKING BLANKET OR FINANCIAL STATEMENT COVERAGE

Company Name:			Date Company Started:			Public: Private:
(1) the field(s) asso (2) at least one cur	ormation on production fields ociated with the injection well rently producing field that the ld with an estimated remaining	ls in this financial applicant has ope	responsibility erated for more	application; e than five yea		Private:
Field Name	Field Location	Date Production Started`	Number of Producing Wells	Number of Injection Wells	Wells Plugged	Estimated Remaining Operating Life of Field
1.						
2.						
3.						
4.						
5.						
I certify that the in	formation provided above is a Signature of Professional or Signature of Professional or Signature of Consulting For Signature of Operations M	Engineer: Geologist: Engineer:			Date: Date:	